

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 6 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33113

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4293

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town 15-B
(c) Name of hospital or institution: 3724 Bell St.
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 yrs (Specify whether years, months or days)
In this community 10 yrs

3. (a) PRINT FULL NAME

JULIUS STERN

3. (b) If veteran, name war No

3. (c) Social Security No. 500-22-6411

4. Sex MD 5. Color or race Gr
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Martha Stern
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased July 8, 1879
(Month) (Day) (Year)

8. AGE: Years 69 Months 3 Days 12
If less than one day hr. min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation clerk

11. Industry or business

12. Name Moses Stern

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Jessie Eichmawald

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Freud Stern

(b) Address 3724 Bell

17. (a) Burial (b) Date thereof 10/21/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ely wood 6 am

18. (a) Signature of funeral director Carroll - Parker

(b) Address 3024 Trenton

19. (a) 10-21-48 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town 15-B
(If outside city or town limits, write "RURAL")
(d) Street No. 3724 Bell
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8/20/48 day 20 year 1948 hour 11 minute 15 M.

21. I hereby certify that I attended the deceased from 8/10/48 to 8/20/48
that I last saw him alive on 8/10/48 and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary occlusion
hardening of
arteries

Other conditions (Include pregnancy within 3 months of death)
(Hardening of arteries)

Major findings: Of operations

Of autopsy 11/2

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
R. Uhlmann

While at work (Specify type of place) (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)
23. Signature 47R W. Uhlmann (M.D. or other)
Address 1310 13th Street Date signed 8/20-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.